



I hereby certify that this paper is being deposited with the United States Postal Service  
 As first class mail in an envelope addressed to:  
 MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450  
 on: 06/26/2008  
 Signature: Crystal Susa Printed: Crystal Susa

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Application of:** Poutiatine, et al.

**Title:** CATHETER FEED THROUGH GUIDE

**Serial No.:** 10/537,443

**Filing date:** 06/02/2005

**Examiner:** HOLLOWAY, I.K.

**Group Art Unit:** 4148

MS Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

### TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Transmittal Fee Sheet (2pp., in duplicate);
3. Petition for Extension of Time (1pg., in duplicate);
4. Response to Office Action (7pp.).

**Fee Calculation – The fee has been calculated as follows:**

**CLAIMS AS FILED (Fees computed under §1.16)**

Claims	Number Filed	Minus Claims previously paid for	Number Extra	Large Entity Rate	TOTAL
Dependent Claims	14	-20	0	X \$ 50	\$ 0
Independent Claims	5	-5	0	X \$ 210	\$ 0
<b>Multiple Dependent Claim(s)</b>			0	X \$370	\$ 0
Petition for 3 month Extension of Time				\$1050.00	
				<b>TOTAL:</b>	<b>\$1050.00</b>



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Please charge Deposit Account No. **50-1953** in the amount of \$ 1050.00 as set forth in this transmittal letter. The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. **50-1953**. **This form is enclosed in duplicate.**

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4914.

Respectfully submitted,  
DURECT CORPORATION

Date: 6/26/08

  
\_\_\_\_\_  
David J. Abraham  
Reg. No. 39,554

2 Results Way  
Cupertino, CA 95014  
Fax: 408-777-3577

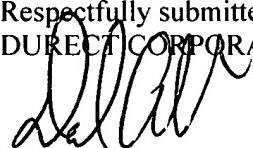
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